

Rural Fire Protection Program

2058 Hwy 95 Solgohachia, AR 72156
Phone 501-354-7900 Fax: 501-354-7901 Email: aarcd@ipa.net Website: aarcd.org

Billing Service Information

Program Year _____ / ____ / _____ (Enter Date)

Fire Department Name _____

Fire Department Mailing Address _____

City _____ AR Zip Code _____

Remit To Address _____

City _____ AR Zip Code _____

Contact Name _____ Day Time Phone (____) _____

Fax (____) _____ Email if Available _____

On what date would you like the bills to be mailed? _____

Membership Dues Amount

\$ _____ per Home \$ _____ per Business \$ _____ Other _____

Please note the following

- A new data list in electronic format must be forwarded to RC&D.
- The database should be forwarded to RC&D at least two weeks before the mailing date.
- If dues amount varies for each property, the amount must be shown in the database.
- If a personalized message is needed, please email or forward with this sheet.
- Second notices must be mailed within 60-90 days after the first mailing.

Signed: _____